

**STATE OF ARIZONA
COURT OF APPEALS
DIVISION ____**

IN THE MATTER OF:

_____,
a minor
[Use fictitious name if petitioner
has so requested]

)
)
)
)
)
)
)

CASE NO. _____

**NOTICE OF HEARING ON APPEAL
AND
APPOINTMENT OF COUNSEL**

1. Your hearing date is: _____.

2. The location of your hearing is:

_____ Arizona Court of Appeals, Office of the Clerk
1501 W. Washington, Second Floor
Phoenix, AZ 85007
Telephone: (602)542-4821

_____ Arizona Court of Appeals, Office of the Clerk
400 W. Congress, Second Floor
Tucson, AZ 85701
Telephone: (520)628-6954

3. The time of your hearing is: _____.

4. Your appointed attorney is:

Name: _____

Address: _____

Phone number: _____

DATE: _____

Deputy Clerk

Mailed/hand-delivered to
petitioner/petitioner's attorney
on _____, 200__.
